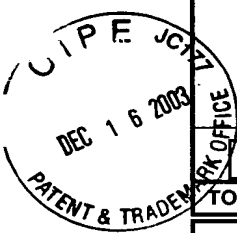


Image

1634
98

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)



FEE TRANSMITTAL for FY 2004				Complete if Known			
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number		09/950,083-Conf. #9454	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date		September 12, 2001	
TOTAL AMOUNT OF PAYMENT (\$)				First Named Inventor		Craig A. Rosen	
				Examiner Name		M. Sheinberg	
TOTAL AMOUNT OF PAYMENT (\$)				Art Unit		1634	
				Attorney Docket No.		PS805	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.				Large Entity Small Entity			
The Director is authorized to: (check all that apply)				Fee Code Fee (\$)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				Fee Code Fee (\$)			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				Fee Description			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Paid			
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code Fee (\$)							
1001 770 2001 385 Utility filing fee							
1002 340 2002 170 Design filing fee							
1003 530 2003 265 Plant filing fee							
1004 770 2004 385 Reissue filing fee							
1005 160 2005 80 Provisional filing fee							
SUBTOTAL (1) (\$)				0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims 32 -41** =				Extra Claims Fee from below Fee Paid			
Independent Claims 6 -8** =							
Multiple Dependent							
Large Entity Small Entity							
Fee Code Fee (\$)							
1202 18 2202 9 Claims in excess of 20							
1201 86 2201 43 Independent claims in excess of 3							
1203 290 2203 145 Multiple dependent claim, if not paid							
1204 86 2204 43 ** Reissue independent claims over original patent							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$)				0.00			
** or number previously paid, if greater; For Reissues, see above							
				Other fee (specify)			
				SUBTOTAL (3) (\$)			
				600.00			
SUBMITTED BY				(Complete if applicable)			
Name (Print/Type)		Janet M. Martineau		Registration No. (Attorney/Agent)		46,903	
Telephone		(301) 315-2723		Date		December 16, 2003	
Signature							